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CONFIRMATION NO. 1511

<b>SERIAL NUMBER</b> 10/667,034	<b>FILING OR 371(c) DATE</b> 09/22/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> F-295
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 10/223,148 10/04/2002 PAT 6,623,525 \* (\*)Data provided by applicant is not consistent with PTO records.  
*ok fixed*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*(circled)*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/15/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>(signature)</i> Initials <i>(initials)</i>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
51640

**TITLE**  
Porous intervertebral distraction spacers

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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